

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576921

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		2
4		2		2		2
5		2		2		2
6		2		2		2
7		2		2		2
8		2		2		2
9		2		2		2
10		2		2		2
11		2		2		2
12		2		2		2
13		2		2		2
14		2		2		2
15		2		2		2
16		2		2		2
17		2		2		2
18		2		2		2
19		2		2		2
20		2		2		2
21		2		2		2
22		2		2		2
23		2		2		2
24		1		1		1
25			1		1	
26						
27						
28						
29						
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31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42		1		1		1
43			1		1	
44		1		1		1
45			1		1	
46			1		1	
47			1		1	
48			1		1	
49			1		1	
50			1		1	
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52					1	
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			↓	4	↓	↓
TOTAL DEP.	←		←	29	←	←
TOTAL CLAIMS				34		